



**Therapeutic Model of Care  
for working with Children,  
Young People and Families  
– a summary.**

Safety. Connection. Healing. Community.

**Uniting**

# Acknowledgement of Country.

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples\*. We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners and original custodians of the lands and waters on which we all live and work.

We recognise the continuing sovereignty of Aboriginal and Torres Strait Islander peoples over their lands and waters and the inalienable right of Aboriginal and Torres Strait Islander peoples to self-determination. We offer our respect to all Elders: past, present, and emerging.

\* The term Aboriginal and Torres Strait Islander peoples is used in this Annual Report to refer to Australia's First Peoples. The term recognises the great number of Aboriginal nations, and the great diversity of cultures, histories, languages and values of these many nations. It also acknowledges that Torres Strait Islander peoples are a separate people and that Aboriginal and Torres Strait Islander peoples living in urban, regional or remote areas of Australia may have distinct cultural identities.

We work in solidarity with Aboriginal and Torres Strait Islander people as Australia's First Peoples and as the traditional owners and custodians of this land. We celebrate diversity and value the lived experience of people of every faith, ethnicity, age, disability, culture, language, gender identity, sex and sexual orientation. We welcome lesbian, gay, bisexual, transgender, gender diverse and non-binary, intersex, queer and asexual (LGBTIQA+) people at our services. We pledge to provide inclusive and non-discriminatory services.

The work we do is all about giving people the support they need to live happy and meaningful lives. We are committed to being people-focused and rights-based.

We have worked alongside local communities across both states for over 100 years.



For more than two centuries we have responded to the needs of many Australians – some of our earliest work dates to the mid-1800s where individuals and congregations of the Presbyterian, Methodist and Congregational churches responded to the need they saw in their communities.

Today, we work alongside people, striving to make a difference for individuals, families, and communities.



# What is the Therapeutic Model of Care for working with Children, Young People and Families?

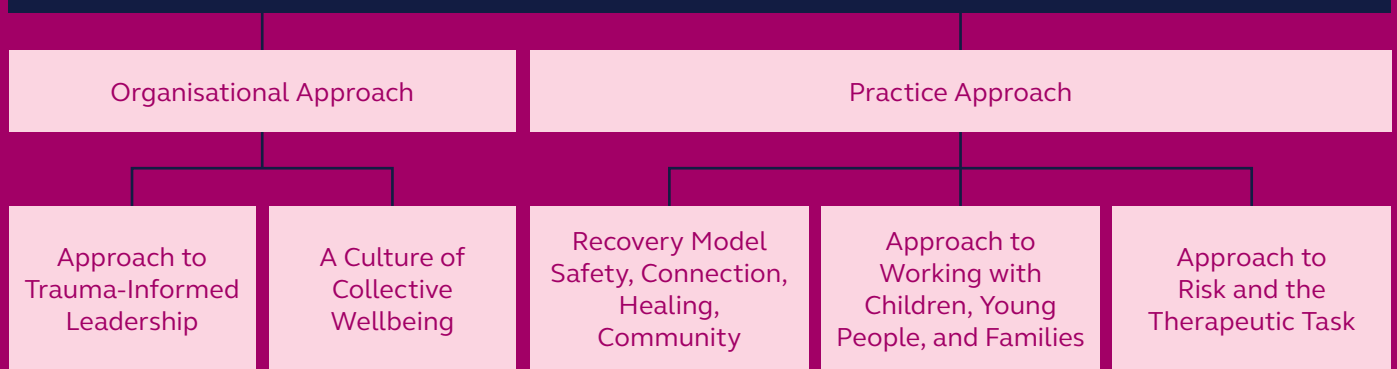
The *Therapeutic Model of Care for Working with Children, Young People and Families* (TMoC) represents Uniting’s ambition to develop an approach to leadership, culture, and practice that is evidence informed and recognises the profound impact of complex trauma on consumers, families, our workforce, and our organisation. It seeks to support our workforce to feel confident and competent in our practice, sharing what we already do well and creating opportunities to remain contemporary and effective in the way we deliver services.

## Therapeutic Model of Care for Children, Young People, and Families

is based on the following evidence-informed knowledge:



This evidence-informed knowledge base informs the models approach to **Trauma-Informed Care**, sitting at the heart of which is our **Trauma-Informed Relational Practices** both of which guide our:



## What are its aims?

The TMoC aims to improve outcomes for children, young people, and their families through:

Integrating our approaches to leadership, organisational culture, and practice.

Training and coaching our workforce in trauma and evidence informed practice frameworks.

Promoting a shared language and consistent understanding about what approaches to apply and why – resulting in purposeful practice.

## What does it mean for our consumers and workforce?

We believe this will lead to:

- A service experience that is safe, consumer-centred, consistent, and supports healing
- A whole-of-system understanding of the impacts of complex trauma on consumers, our workforce, and organisation
- Reduction in consumers being retraumatised and pathologized through engaging our services
- An enhanced focus on the development and wellbeing of our workforce through supportive and congruent leadership and organisational culture
- A model that complements existing frameworks and program requirements
- Increased practice confidence and job satisfaction
- Uniting being recognised as leader of practice excellence.



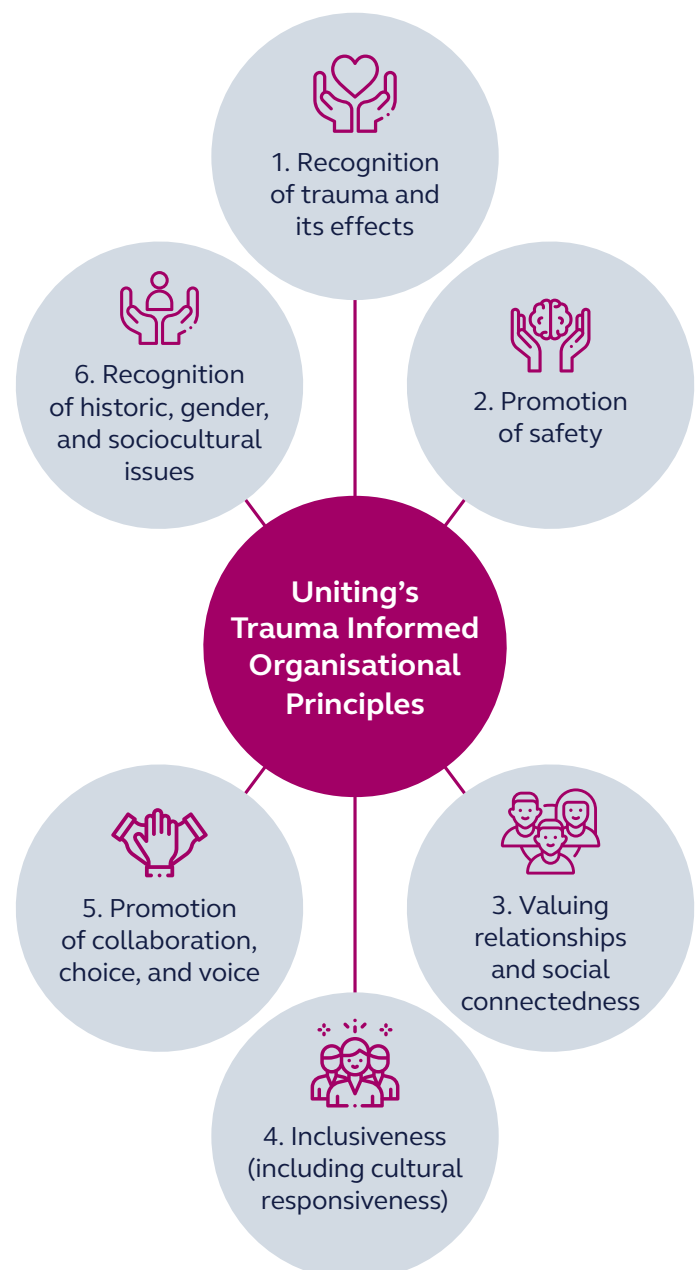
# Uniting's trauma-informed organisation principles.

“A program, organisation, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths of recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist re-traumatization.”

(SAMHSA, p. 9, 2014)

This quote illustrates that trauma-informed care requires a systemic approach, involving the entire workforce within an organisation. The whole organisation (to varying degrees) needs to understand the impact of complex trauma, become recovery orientated, and actively ensure policies, procedures and processes avoid re-traumatising consumers (Elliot *et. al.*, 2005).

Accordingly, Uniting adopted six foundational Trauma-Informed Organisational Principles (embedded in our Excellence Framework) to support a whole-of-system implementation of this approach:



# The TMoC and Uniting's reconciliation journey.

It is inconceivable to develop a trauma-informed, therapeutic model of care without embedding it within Uniting's commitment to Reconciliation and the broader movement of Aboriginal and Torres Strait Islander self-determination and cultural safety. The TMoC seeks to achieve this by encouraging that Aboriginal and Torres Strait Islander culture is seen as more than a 'checklist' of statutory accountability; that connection to land and community is a living dynamic experience and the needs of Aboriginal and Torres Strait Islanders are listened to, respected, and responded to.

The TMoC's contribution to Uniting's reconciliation journey comes in the form of:

Conceptualising trauma beyond the individual/ personal level and ensuring that trauma is also understood on sociocultural, political, and generational levels. For Aboriginal and Torres Strait Islander communities this relates to the systematic dispossession, genocide, racism, and marginalisation that have been experienced since colonisation.

Acknowledging the impact of institutions, structures, and past practices in perpetuating traumatic experiences for Aboriginal and Torres Strait Islander communities that serve as a barrier to recovery and healing. The TMoC reinforces initiatives designed to partner with, share power, and capture the voice of consumers to avoid the risk of retraumatisation, particularly for our Aboriginal and Torres Strait Islander communities.

Partnering with Aboriginal and Torres Strait Islander communities to ensure the TMoC document and workforce development activities are inclusive of an Indigenous Australian worldview and are evaluated as culturally safe and respectful of self-determination.

Implementing workforce development activities (e.g., training and reflective practice) to enhance our capacity to deliver culturally safe services respectful of Aboriginal and Torres Strait Islander worldviews and self-determination.

# The TMoC and an intersectional perspective.

The concept of intersectionality was first introduced by Kimberlé Crenshaw in 1989. Tripp (2023) described intersectionality as a lens:

"As with the lenses in a pair of eyeglasses, we can therefore consider the intersectional analytic lens as a perceptual aid. The use of this perceptual aid is not a neutral act, nor does it guarantee clear perception, but it does allow us to begin the process of identifying that which is imperceptible without it."

Intersectionality refers to the interconnected nature of social categories such as race, gender, sexuality, class and ability. These categories are the product of complex sociohistorical processes. They reflect deeply entrenched relations of power and inequality.

For any individual these categories are not discrete, but mutually constitutive. For some people they are mutually reinforcing. For others, there may be tension or contradiction between different categories.

Complex trauma is considered an intersectional phenomenon. That's because we cannot understand its manifestations without considering the events causing it. Similarly, the marginalisation of certain individuals and groups in our society intersects with complex trauma to:

- Increase exposure risk
- Amplify impacts
- Limit access to protective factors and recovery reparative resources.

While intersectionality is considered a lens to support thinking and analysis, it is more than that. It's also a call to address systemic inequalities – and promote greater equality and diversity across various domains of social life. As Tripp (2023) states:

*"I thus define intersectionality as not only identifying but opposing the construction of distinctive and interlocking oppressions, positioning the framework as entailing a transformative ethic which aspires to improve the material conditions of oppressed communities."*

This shares parallels with trauma-informed care. By that we mean it is both:

1. A lens through which we make sense of consumer presentations and organisational dynamics and
2. A call to action to ensure organisations promote recovery and avoid retraumatisation.

Where possible, the TMoC and associated implementing strategies (i.e. the Practice-Based Training Program) have attempted to use this lens. In other words, we have tried to explore complex trauma through a focus on:

- Gender
- Ethnicity
- Migration experiences
- Sexuality
- The impacts of colonisation.



# Key elements of the TMoC.

The development of the TMoC involved a comprehensive review of the trauma literature. In collaboration with the Uniting workforce and consumers, this literature was translated into 6 key TMoC elements to support the embedding of trauma-informed and therapeutic approaches.

## They include:

1. TMoC trauma-informed relational practices
2. TMoC approach to trauma-informed leadership
3. TMoC approach to collective wellbeing
4. TMoC Recovery Model: Safety • Connection • Healing • Community
5. TMoC approach to risk and the therapeutic task
6. TMoC approach to working with Children, Young People, and Families

# 1. TMoC trauma-informed relational practices.

Relationships are at the heart of the TMoC. It is within the context of relationships that the principles of trauma-informed and therapeutic approaches come to life. Our Trauma-Informed Relational Practices provide a blueprint to guide all relationships, whether they be with peers, consumers, the people we lead or the people we are led by.

The importance of relationships is evident in Uniting’s Trauma-Informed Organisational Principles:








## Valuing Relationships and Social Connectedness.

*A trauma-informed organisation is one that recognises the critical nature of relationships in providing the foundation for the promotion of social and emotional wellbeing in general and trauma prevention and recovery in particular. It recognises that humans are social beings, thriving in contexts of social connectedness. The value of relationships and social connectedness is evident in Uniting’s approach to leadership, our organisational culture, and our engagement with consumers.*

*Our approach recognises the inherent capacities, skills, knowledge, and potential of all people and communities.*

In order to understand the practices that underpin a healing relationship, we first asked our workforce and consumers to articulate what constitutes an abusive relationship. We then asked them to articulate what the opposite of that experience would be.

This is what they told us:

| Features / dynamics of an abusive relationship | Features / dynamics of a healing relationships  |
|--|---|
| Unsafe, boundary violations, betrayal          |  Safety, boundaries and trust                |
| Arrested development                           |  Developmental/ learning focus               |
| Closed system, willful blindness               |  Openness, listening, noticing, and advocacy |
| Power imbalance                                |  Collaboration and power sharing           |
| Reactivity and survival                        |  Reflection and thinking                   |
| Neglect of health and wellbeing                |  Focus on health and wellbeing             |
| Conflict/ rupture with no repair               |  Conflict/rupture with repair              |

## TMoC trauma-informed relational practices.

Leaders create culture. So, to build these relational practices into our culture, they need to be role-modelled by our leaders. (See Chapter 13: Leading the Therapeutic Task)

The TMoC uses our trauma-informed relational practices to shape our approaches to leadership and how we work with children, young people and families. By ensuring relationships are based on these practices, we bring trauma-informed and therapeutic philosophies to life.

That helps us create healing environments for our workforce and consumers.

## 2. TMoC approach to trauma-informed leadership.

Leadership takes on special meaning with organisations working with people who have experienced complex trauma as leaders often represent authority figures. Many of the consumers with whom we work have been abused, neglected, and/or exploited by authority figures entrusted to care and protect them. This betrayal of trust sits at the heart of a trauma survivor's relationship with authority.

While consumers rarely directly interact with leaders of health and community services organisations, they still experience them indirectly through the culture leaders create. The way leaders conduct themselves sets the tone for the culture of the organisation. A leader in this context becomes a role model for the culture of relationships. This will influence the way everyone relates to each other, including relationships with consumers.

Because of this, leaders need to be mindful of the features and dynamics of abuse and neglect and be careful not to inadvertently recreate them by ensuring our approach is based on our *Trauma-Informed Relational Practices*, including:

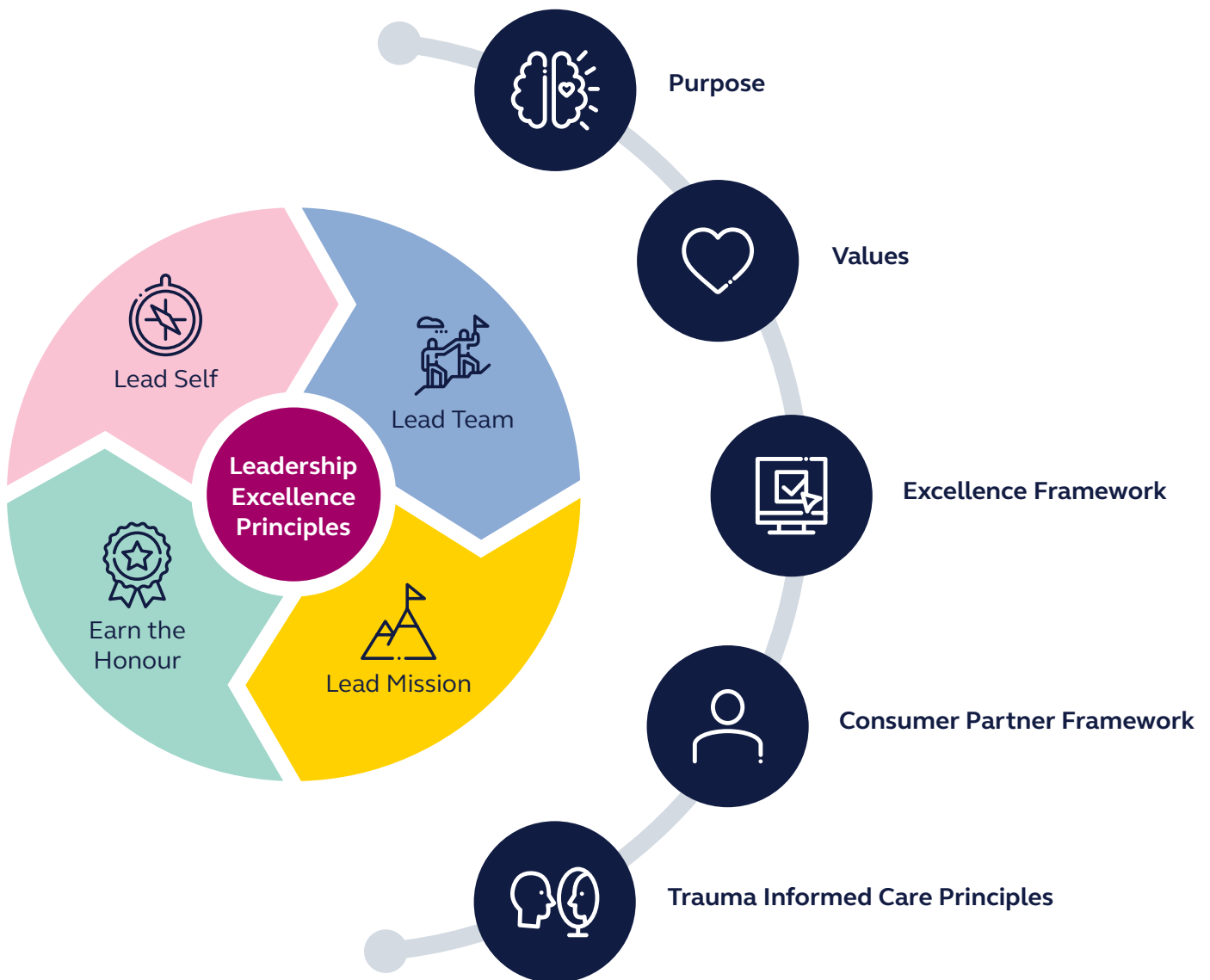
- Safety, boundaries, and trust
- A developmental / learning focus
- Openness, listening, noticing, and advocacy
- Collaboration and power-sharing
- Reflection and thinking
- A focus on health and wellbeing
- A commitment to repair following a relational rupture.

Seen this way, leaders at Uniting contribute to the maintenance of a trauma-informed system; providing a whole-of-system (including for consumers) template for healthy relationships. This role-modelling is also integral in translating how the vision for trauma-informed care looks in practice through the microcosm of relationships.

In 2023, McKinsey delivered the Ability to Execute (A2E) Lead Program to Uniting leaders. The principles in this program have formed the basis for the Uniting Leadership Excellence Principles – an organisation-wide set of behaviours and principles that set out the expectations for leadership behaviour at Uniting.



Uniting's Leadership Excellence Principles comprises 10 principles, organised under the pillars: Lead self, Lead team, Lead mission, and Earn the honour.



The Practice Leadership Unit collaborated with the People and Culture team. They reflected on the meaning of the A2E Lead and Uniting Leadership Excellence Principles in the context of an organisation working with individuals, families and communities impacted by complex trauma.

A summary of those reflections was developed to guide their integration (see **Chapter 13: Leading the Therapeutic Task**).

# 3. The TMoC approach to collective wellbeing.

Wellbeing is a complex mix of a person’s physical, mental, emotional, and social health factors, encompassing personal, relational, and collective wellbeing.

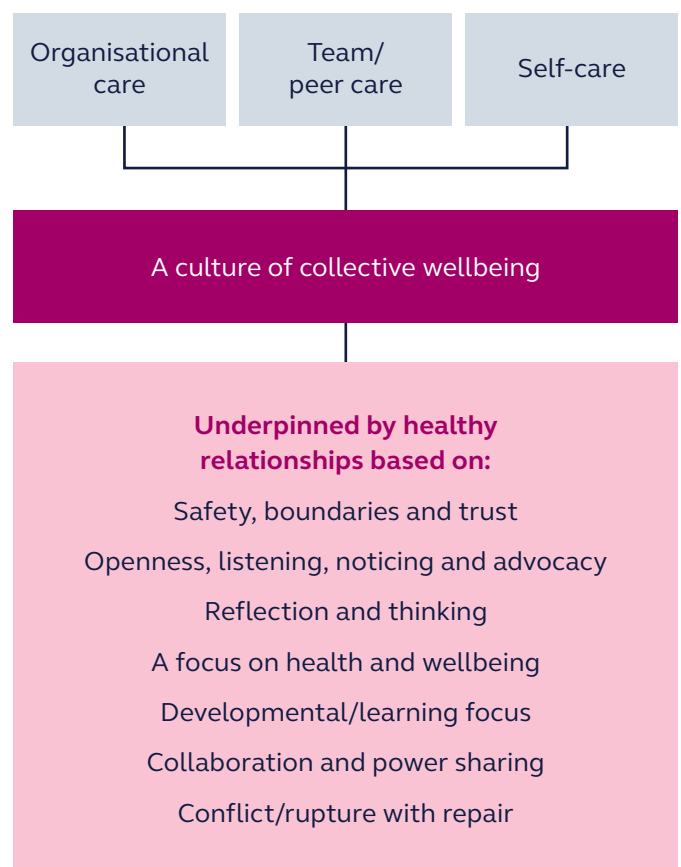
(Prilleltensky, 2006)

Factors contributing to wellbeing in the workplace include:

- Understanding the significance and value of your work.
- The nature of work engagement, including:
  - Opportunities to develop and utilise skills
  - A sense of control
  - Clear goals and expectations
  - Variety and diversity in role
  - Sufficient pay
  - The experience of safety
  - Feeling valued
  - And workforce supports (e.g., high quality supervision). (Audin, et. al. 2017; Bolic, 2018; Tomlinson 2020).

Working with individuals, families, and communities impacted by complex trauma makes it especially important to consider our wellbeing. The main source of stress for workers are *the ways organisations operate* and *nature of the relationships* that people experience within work settings. Organisations therefore require a collective and systemic focus on wellbeing (Bloom, 2014) that emphasises healthy relationships through our Trauma-Informed Relational Practices.

## The TMoC approach to collective wellbeing.



The TMoC Approach to Collective Wellbeing is based on two key assumptions:

1. Because exposure to trauma-related material occurs in the workplace, opportunities for healing and restoration need to be integrated into the workplace (as opposed to sending people outside of the workplace to be healed and restored).

2. Collective wellbeing is achieved when there is a focus on organisational responsibilities, team/peer responsibilities, and self-care responsibilities (as opposed to an over emphasis on self-care responsibilities).

# 4. The TMoC Recovery Model: Safety · Connection · Healing · Community.

Change is possible, and even if trauma affects the very structure of our brains, these same brains can later be more healthily structured by subsequent better experiences.

(Music, 2011, p. 206)

Recovery can be difficult to define in the context of complex trauma, as we cannot change the fact that trauma occurred, and that some impacts will remain part of the person's life. Nevertheless, people can and do 'recover' from trauma. Just like the body implicitly knows how to physically heal a wound, so too does the whole person 'know' how to recover from trauma, when provided the right conditions to do so.

The TMoC proposes a model to assist in developing our understanding of how people progress through recovery from complex trauma. It's a synthesis of relevant literature and input from the Uniting workforce and consumers. It can be used to:

- Understand the essential elements of recovery from complex trauma.
- Reflect on where a person, family, or community may be on their recovery journey.
- Design services which are truly responsive to the needs of those impacted by complex trauma.

This is not a strictly linear model where one moves through fixed stages during their recovery. Rather, it is understood to be dynamic, circular, and iterative – largely influenced by our environments and intersectional variables (Cook et. al., 2005).



## Safety.

Physical safety  
Emotional safety  
Relational / social safety  
Spiritual safety  
Cultural safety  
Financial safety  
Present moment re-orientation  
Control of own body  
Development of executive functions  
Distress tolerance  
Emotional regulation



## Connection.

To culture  
To country/land  
To one's thoughts, feelings, spirit, body, and identity  
To family, friends, kin, elders  
To history  
To story  
To journey



## Healing.

Celebrating strengths  
Sparkle moments/glimmers  
Sense of agency, efficacy, and mastery  
Finding distance/peace from intrusions of the past  
Trauma processing  
Coherent life narrative  
Play  
Grieving  
Curiosity  
Meaning making  
Integration  
Increased choice  
Identity formation



## Community.

Participation in community  
Social connectedness  
Holding environments  
Network of formal/informal supports  
Cultural communities  
Spiritual communities

# 5. The TMoC approach to risk and the therapeutic task.

The TMoC approach to risk and the therapeutic task is an evidenced-informed model guiding practitioners when engaging consumers in the processes of risk assessment and management. It is based on foundational practice principles of purposeful collaboration and power sharing. By adopting a collaborative approach when working with risk and safety, we promote a co-operative safety-net, co-ordinating a shared responsibility for safety, that engages in a timely way with subject matter experts as needed, and always privileges the voice and needs of the child and consumer.

The first part of the model – *The 3 Es (Empathise, Empower, Engage)* – guides the practitioner in ‘being with’ the consumer, seeking to create a therapeutic bond, providing a relational experience of safety and connection, which also mitigates the risk of re-traumatisation.

The second part of the model describes four elements to ensure information gathering is collaborative, strengths-based, privileges the consumers expertise and captures protective factors as well as immediate and future risk factors to better inform safety planning. They include:

- 1. Immediate safety assessment and response** identification of immediate and/or present danger with safety plan.
- 2. Your risk assessment** utilises practitioner’s professional knowledge, program and organisational frameworks, policies, tools, processes etc.
- 3. Their risk assessment** utilises the child and vulnerable adult’s lived experience, expertise, and knowledge. Also validates their existing and historic safety strategies that demonstrate their resilience and self-determination and adopts a consumer partnership model.
- 4. Analysis and planning** utilises a structured professional judgement model, engaging in critical thinking, collaboration, and escalation processes.



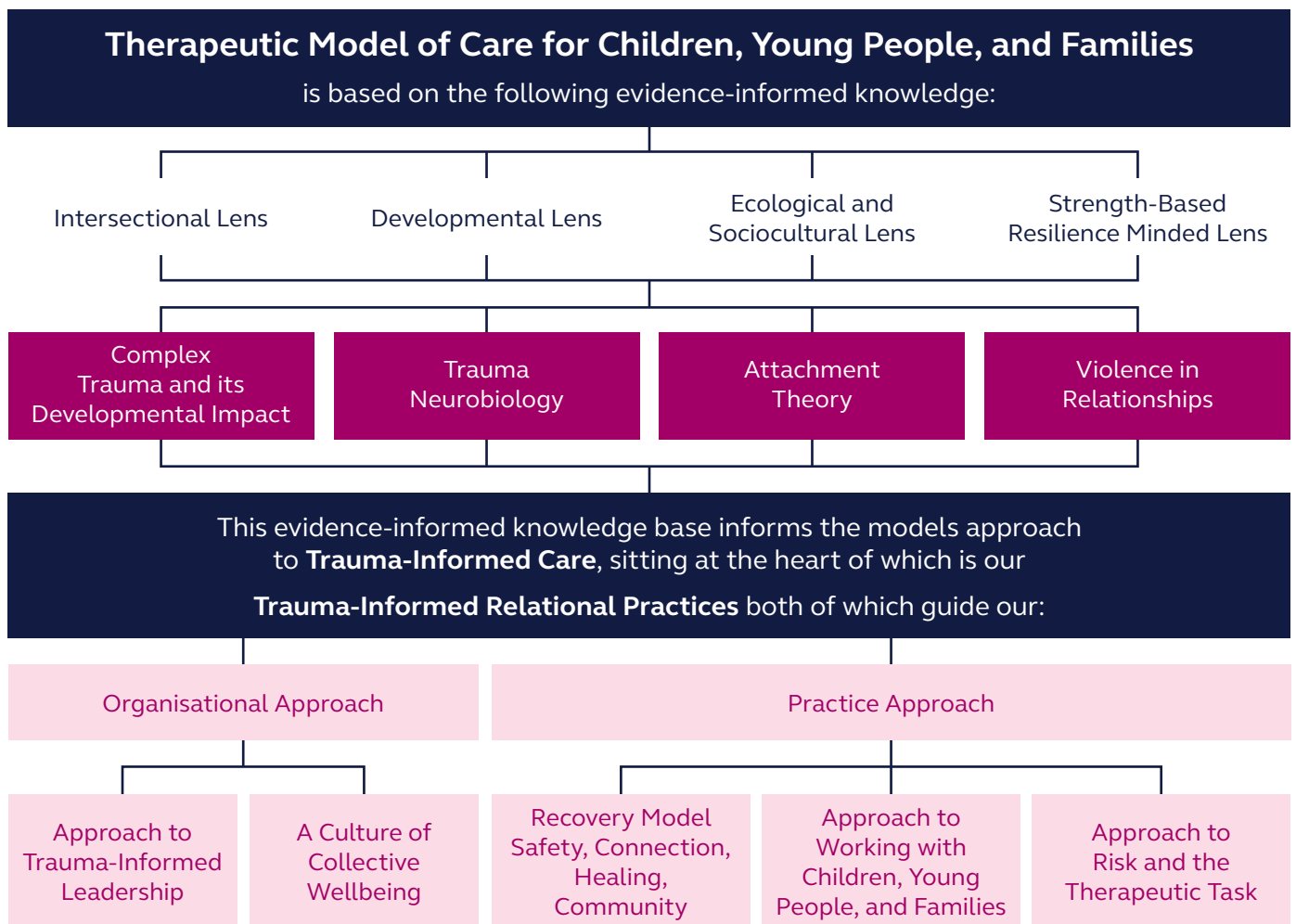
Risk is dynamic, requiring a responsive assessment that does not assume safety is stable or static if obtained. The TMoC Approach to Risk and the Therapeutic Task is not a linear process, requiring the practitioner to review and revisit the four elements regularly and as required.

# 6. The TMoC approach to working with Children, Young People, and Families.

“Up until a few decades ago, the word family typically referred to the nuclear structure consisting of a father (patriarch-breadwinner), a mother (subordinate-home maker) and their children. Families today are often a mix of step parents, half siblings, same sex parents, single parents, stay at home fathers, mixed cultures, extended family members and carers (foster/kinship/kith) etc. and many people consider their family to be people in their lives who are not actually related to them; they define family based on factors such as loyalty, respect, friendship or common values.”

(Kinneer, 2002; Teachman et. al., 2019)

The TMoC Approach to Working with Children, Young People, and Families is founded on this contemporary understanding of families and integrates the following knowledge base:





The TMoC seeks to create a *paradigm shift* in how we make sense of the presentations of children, young people, and families who have experienced complex trauma from a pathology model (what is wrong with you?) to an adaptive and resilience model that considers traumatic stress reactions as normal reactions to abnormal situations, making survival possible (Bloom 2005, SAMHSA, 2014).

Traditionally, health and community services have focused on presenting problems, risk factors, and symptoms to prevent negative outcomes, provide relief, increase functioning, and facilitate healing. However, focusing too much on these areas can undermine a child, young person, or family's sense of competence and hope and does not provide them an opportunity to see their own resourcefulness in managing stressful and difficult experiences. The TMoC encourages us to adopt balanced responses, building on the strengths of the people we work with. We refer to this as a *strengths-based, resilience-minded approach*.

Our engagement with children, young people and families is based on our *trauma-informed relational practices* where our interactions are characterised by:

- Safety, boundaries, and trust
- A developmental / learning focus
- Openness, listening, noticing, and advocacy
- Collaboration and power-sharing
- Reflection and thinking
- A focus on health and wellbeing
- A commitment to repair following a relational rupture.



Throughout our work, we maintain a *family systems lens*, which explores the space between people; what is happening within the interactions and how these interactions might be contributing to the current challenges. The TMoC asks us to pay particular attention to:

- Family hierarchy (how power is used – who holds the power)
- Family core values (what glues the system together)
- Family homeostasis
- Family boundaries (within the family, between the family and the outside world)
- Family projection processes

The TMoC aspires to both capturing *Consumer Voice* in practice and *Consumer Partnerships*.

Consumer Voice is an umbrella term that refers to all methods of listening to the views, experiences and opinions expressed by people who have accessed or are accessing our services. Listening to the Consumer Voice is an essential part of everyone's work at Uniting, whether on an individual and organisational level, and can lead to some form of action, be it in changes to case planning, responding to complaints or making changes to policy.

Consumer Partnerships are an intentional way of working, where Consumer Voices move to become agents of change at Uniting. This requires Uniting to share power so that our workforce and consumers can work together to influence, direct, or decide who we are, what we do and how we do it. Meaningful partnerships rely on an equal valuing of lived experience to professional experience, a diversity of views, and reimbursement for participation. This way of working ensures that we do more than listen to Consumer Voice, it enables consumers and carers real influence in decision making, be it through an ongoing working group or a one-off service design project.

The TMoC promotes the implementation of capturing Consumer Voice in practice and Consumer Partnerships through:

- Alignment with Uniting's Consumer Partnership Framework
- Alignment with Uniting's Excellence Framework, specifically our Trauma-Informed Organisational Principle of *Promotion of Collaboration, Choice and Voice*
- The TMoC Trauma-Informed Relational Practice of Collaboration and Power Sharing.

The TMoC sees this as a core component of healing experiences as complex trauma is characterised by an absence of control. Many forms of abuse, like physical or sexual abuse, actively exploit this helplessness, lack of control, and lack of voice. Therefore, organisational/practice processes leaving children, young people, and families feeling powerless and without a voice will likely evoke conscious or unconscious memories of previous traumatic incidents, thereby retraumatising them. Consumer Partnerships and capturing Consumer Voice in practice done well therefore represent a healing opportunity for a trauma survivors'.

The TMoC also asks us to be mindful of the impact of grief and loss, knowing that children, young people, and families impacted by complex trauma may also grieve experiences that are not tangible and may not be obvious to themselves and those around them (including health professionals and community services organisations), such as:

- The loss of innocence for someone who was sexually abused
- The loss of a childhood for someone who was parentified due to their parent's / carer's disability
- The loss of the capacity to regulate emotions for someone exposed to repeated experiences of family violence
- The loss of the experience of nurturing parents / carers for someone who experienced neglect.
- The loss of normative experiences with peers as a child and/or adolescent for someone who was marginalised due to their disability, sexuality or gender identity
- The loss of status in the community for refugees struggling to secure employment whose qualifications may not be recognised in the host country, and the subsequent loss of identity and role.



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# The future is bright.



Uniting is the community services organisation of the Uniting Church, delivering services and programs across Victoria and Tasmania.

We work in solidarity with Aboriginal and Torres Strait Islander people as Australia's First Peoples and as the traditional owners and custodians of this land.

We celebrate diversity and value the lived experience of people of every faith, ethnicity, age, disability, neurodivergence, culture, language, gender identity, sex, and sexual orientation.

We welcome lesbian, gay, bisexual, transgender, gender diverse and non-binary, intersex, and queer (LGBTIQA+) people at our services. We pledge to provide inclusive and non-discriminatory services.

The work we do is all about giving people the support they need to live happy and meaningful lives. We are committed to being people-focused and rights-based.

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